



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 19, 2022

Puja Borso  
Creekside Place, INC.  
2995 Weidemann Dr  
Clarkston, MI 48348

RE: License #: AS630397523  
**Creekside Place**  
**7251 N. Briarcliff Knoll**  
**West Bloomfield, MI 48322**

Dear Mrs. Borso:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630397523
<b>Licensee Name:</b>	Creekside Place, INC.
<b>Licensee Address:</b>	7251 N. Briarcliff Knoll West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(248) 346-4515
<b>Licensee/Licensee Designee:</b>	Puja Borso
<b>Name of Facility:</b>	Creekside Place
<b>Facility Address:</b>	7251 N. Briarcliff Knoll West Bloomfield, MI 48322
<b>Facility Telephone #:</b>	(877) 327-5484
<b>Original Issuance Date:</b>	08/20/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/17/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 05/23/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
There were no incident reports to follow up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400. 14312(1), R 400. 14402(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the onsite inspection completed on 08/17/22, there was no record of a physician statement obtained within 30 days of hire for direct care staff Carolyn Brown and Chasity Freeman.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the onsite inspection completed on 08/17/22, I observed the following:

- Resident A is prescribed Lorazepam 0.5 mg, as needed for anxiety and agitation. Resident A was administered the medication on 03/08/22, 03/09/22, 03/19/22, 03/22/22, 03/30/22, and 03/31/22. There was no record of the reason for each administration of the medication.
- Resident B is prescribed Loperamide 2 mg, as needed for diarrhea. Resident B was administered the medication on 08/04/22, there was no record of the reason this medication was administered.
- Resident B is prescribed Lorazepam 0.5 mg, as need for anxiety. Resident B was administered the medication on 08/01/22, 08/02/22, 08/03/22, 08/04/22, 08/05/22, 08/06/22, 08/07/22, 08/08/22, 08/09/22, 08/10/22, 08/11/22, and

08/12/22. There was no record of the reason this medication was administered.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



08/19/2022

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Johnna Cade  
Licensing Consultant

Date